

consider today that make improvements in veterans programs, but none will touch as many lives as this legislation.

I urge my colleagues to pass this far-reaching and vital legislation.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Arizona [Mr. HAYWORTH], a member of the committee.

Mr. HAYWORTH. Mr. Speaker, I thank the chairman for yielding time to me.

I also stand to salute our chairman, the dean of the Arizona delegation, for the commonsense approach he brings to the challenges we face on the Committee on Veterans' Affairs, as does the ranking member, my good friend from Mississippi, Mr. MONTGOMERY, who we share in the despair of him leaving this institution at the end of this term.

My colleague from Illinois, Mr. EVANS, said it quite succinctly. No other measure will affect more people who have worn the uniform of this Nation than this cost-of-living adjustment.

Mr. Speaker, I stand in this well today simply to take note of the fact, as I have before, where on many different occasions we come here with profound philosophical differences and different approaches on how we should solve the problems, that today, once again, the Committee on Veterans' Affairs serves as an example of what is possible when Members agree to rather commonsense, broad precepts such as a cost-of-living adjustment for deserving veterans with disabilities and their survivors. This is an outstanding piece of legislation. It is a commonsense approach that brings the concept of fairness to those who have worn this Nation's uniform. I endorse it wholeheartedly.

I urge my colleagues to vote in the affirmative for the legislation. I thank those Members on both sides of the aisle for their meaningful participation in getting this work done, and I salute the subcommittee chairman.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from New York [Mr. GILMAN] chairman of the Committee on International Relations.

(Mr. GILMAN asked and was given permission to revise and extend his remarks.)

Mr. GILMAN. Mr. Speaker, I want to commend the distinguished ranking member of the subcommittee and the chairman of the committee for bringing this measure to the floor at this time. Mr. STUMP and Mr. MONTGOMERY have been continual advocates of our veterans' benefits.

Mr. Speaker, I rise today in strong support of H.R. 3458, the Veterans' Compensation Cost-of-Living Adjustment Act.

H.R. 3458 authorizes a full cost-of-living adjustment for veterans with service-connected disabilities and the rates of dependency and indemnity compensation [DIC] for the survivors of certain disabled veterans, for fiscal year 1997.

The Disability Compensation Program is intended to provide some relief for those veterans whose earning potential has been adversely impacted as a result of disabilities incurred during military service.

The Survivors Benefit Program is intended to provide partial compensation to the appropriate survivors for a loss of financial support due to a service-connected death.

Congress has provided an annual cost-of-living adjustment to these veterans and survivors since 1976.

Mr. Speaker, I believe this is a worthy piece of legislation and an appropriate response of this legislative body to the sacrifices made by our Nation's veterans and their families.

Mr. STEARNS. Mr. Speaker, I rise today in strong support of H.R. 3458 The Veterans' Compensation Cost-of-Living Adjustment Act.

As a cosponsor of this legislation, I believe that H.R. 3458 takes great strides in securing that our veterans are fairly and adequately compensated for their service to our country.

The bill calls for an increased rate of compensation for the 2.2 million veterans whose injuries are connected to their military service, as well as 300,000 survivors of veterans who died from service-connected injuries.

We have an obligation to provide for those injured while serving to defend our country. This bill provides for a much needed increase in compensation, bringing it up to the same level as Social Security benefits. The current estimate of a 2.8-percent increase will provide relief from the impaired earning capacity of disabled veterans and their families.

Mr. Chairman, it is time that we recognize the sacrifices of our Nation's disabled veterans and adjust their compensation fairly. This legislation serves our veterans, as they so selflessly and heroically served our Nation, and I urge my colleagues to support it.

Mr. MONTGOMERY. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GUTKNECHT). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 3458.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

EXTENDING BENEFITS TO VETERANS EXPOSED TO AGENT ORANGE

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3643) to amend title 38, United States Code, to extend through December 31, 1998, the period during which the Secretary of Veterans Affairs is authorized to provide priority health care to certain veterans who were exposed to agent orange or who served in the Persian Gulf war and to make such au-

thority permanent in the case of certain veterans exposed to ionizing radiation, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3643

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. AUTHORITY TO PROVIDE PRIORITY HEALTH CARE.

(a) AUTHORIZED INPATIENT CARE.—Section 1710(e) of title 38, United States Code, is amended—

(1) in paragraph (1), by striking out subparagraphs (A) and (B) and inserting in lieu thereof the following:

“(e)(1)(A) A herbicide-exposed veteran is eligible for hospital care and nursing home care under subsection (a)(1)(G) for any disease suffered by the veteran that is—

“(i) among those diseases for which the National Academy of Sciences, in a report issued in accordance with section 2 of the Agent Orange Act of 1991, has determined—

“(I) that there is sufficient evidence to conclude that there is a positive association between occurrence of the disease in humans and exposure to a herbicide agent;

“(II) that there is evidence which is suggestive of an association between occurrence of the disease in humans and exposure to a herbicide agent, but such evidence is limited in nature; or

“(III) that available studies are insufficient to permit a conclusion about the presence or absence of an association between occurrence of the disease in humans and exposure to a herbicide agent; or

“(ii) a disease for which the Secretary, pursuant to a recommendation of the Under Secretary for Health on the basis of a peer-reviewed research study or studies published within 20 months after the most recent report of the National Academy under section 2 of the Agent Orange Act of 1991, determines there is credible evidence suggestive of an association between occurrence of the disease in humans and exposure to a herbicide agent.

“(B) A radiation-exposed veteran is eligible for hospital care and nursing home care under subsection (a)(1)(G) for any disease suffered by the veteran that is—

“(i) a disease listed in section 1112(c)(2) of this title; or

“(ii) any other disease for which the Secretary, based on the advice of the Advisory Committee on Environmental Hazards, determines that there is credible evidence of a positive association between occurrence of the disease in humans and exposure to ionizing radiation.”;

(2) in paragraph (2)—

(A) by striking out “Hospital” and inserting in lieu thereof “In the case of a veteran described in paragraph (1)(C), hospital”;

(B) by striking out “subparagraph” and all that follows through “subsection” and inserting in lieu thereof “paragraph (1)(C)”;

(3) in paragraph (3), by striking out “of this section after December 31, 1996” and inserting in lieu thereof “after December 31, 1998, in the case of care for a veteran described in paragraph (1)(A) or paragraph (1)(C)”;

(4) by adding at the end the following new paragraph:

“(4) For purposes of this subsection and section 1712 of this title:

“(A) The term ‘herbicide-exposed veteran’ means a veteran (i) who served on active duty in the Republic of Vietnam during the Vietnam era, and (ii) who the Secretary finds may have been exposed during such service to a herbicide agent.

“(B) The term ‘herbicide agent’ has the meaning given that term in section 1116(a)(4) of this title.

“(C) The term ‘radiation-exposed veteran’ has the meaning given that term in section 1112(c)(4) of this title.”.

(b) AUTHORIZED OUTPATIENT CARE.—Section 1712 of such title is amended—

(1) in subsection (a)(1)—

(A) by striking out “and” at the end of subparagraph (C);

(B) in subparagraph (D)—

(i) by striking out “before December 31, 1996,” and inserting in lieu thereof “before January 1, 1999,”; and

(ii) by striking out the period at the end of subparagraph (D) and inserting in lieu thereof a semicolon;

(C) by adding at the end the following new subparagraphs:

“(E) during the period before January 1, 1999, to any herbicide-exposed veteran (as defined in section 1710(e)(4)(A) of this title) for any disease specified in section 1710(e)(1)(A) of this title; and

“(F) to any radiation-exposed veteran (as defined in section 1112(c)(4) of this title) for any disease covered under section 1710(e)(1)(B) of this title.”; and

(2) in subsection (i)(3)—

(A) by striking out “(A)”;

(B) by striking out “, or (B)” and all that follows through “title”.

(c) SAVINGS PROVISIONS.—The provisions of sections 1710(e) and 1712(a) of title 38, United States Code, as in effect on the day before the date of the enactment of this Act, shall continue to apply on and after such date with respect to the furnishing of hospital care, nursing home care, and medical services for any veteran who was furnished such care or services before such date of enactment on the basis of presumed exposure to a substance or radiation under the authority of those provisions, but only for treatment for a disability for which such care or services were furnished before such date.

(d) PRIORITY HEALTH CARE FOR SERVICE IN ISRAEL OR TURKEY DURING PERSIAN GULF WAR.—(1) Section 1710(e)(1)(C) of title 38, United States Code, is amended by inserting after “Southwest Asia theater of operations” the following: “, or who may have been exposed while serving on active duty in Israel or Turkey during the period beginning on August 2, 1990, and ending on July 31, 1991.”.

(2) Section 1712(a)(1)(D) of such title is amended by inserting after “during the Persian Gulf War” the following: “, or who served on active duty in Israel or Turkey during the period beginning on August 2, 1990, and ending on July 31, 1991.”.

SEC. 2. DEPARTMENT COMMITTEE ON CARE OF SEVERELY CHRONICALLY MENTALLY ILL VETERANS.

(a) ESTABLISHMENT.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding after section 7318 the following new section:

“§7319. Committee on Care of Severely Chronically Mentally Ill Veterans

“(a) ESTABLISHMENT.—The Secretary, acting through the Under Secretary for Health, shall establish in the Veterans Health Administration a Committee on Care of Severely Chronically Mentally Ill Veterans. The Under Secretary shall appoint employees of the Department with expertise in the care of the chronically mentally ill to serve on the committee.

“(b) DUTIES.—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of mentally ill veterans whose mental illness is severe and chronic and who are eligible for health care

furnished by the Department, *including the needs of such veterans who are women.* In carrying out that responsibility, the committee shall—

“(1) evaluate the care provided to such veterans through the Veterans Health Administration;

“(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

“(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

“(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

“(c) ADVICE AND RECOMMENDATIONS.—The committee shall—

“(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of severely chronically mentally ill veterans; and

“(2) make recommendations to the Under Secretary—

“(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

“(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration;

“(C) regarding research needs and priorities relevant to the care of such veterans; and

“(D) regarding the appropriate allocation of resources for all such activities.

“(d) ANNUAL REPORT.—(1) Not later than April 1, 1997, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section. The report shall include the following:

“(A) A list of the members of the committee.

“(B) The assessment of the Under Secretary for Health, after review of the initial findings of the committee, regarding the capability of the Veterans Health Administration, on a systemwide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of severely chronically mentally ill veterans who are eligible for Department care.

“(C) The plans of the committee for further assessments.

“(D) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

“(E) A description of the steps taken, plans made (and a timetable for their execution), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of severely chronically mentally ill veterans who are eligible for Department care.

“(2) Not later than February 1, 1998, and February 1 of each of the three following years, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing information updating the reports submitted under this subsection before the submission of such report.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7318 the following new item:

“7319. Committee on Care of Severely Chronically Mentally Ill Veterans.”.

SEC. 3. CENTERS FOR MENTAL ILLNESS RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 is amended by adding after section 7319, as added by section 2(a), the following new section:

“§7320. Centers for mental illness research, education, and clinical activities

“(a) The purpose of this section is to provide for the improvement of the provision of health-care services and related counseling services to eligible veterans suffering from mental illness (especially mental illness related to service-related conditions) through—

“(1) the conduct of research (including research on improving mental health service facilities of the Department and on improving the delivery of mental health services by the Department);

“(2) the education and training of health care personnel of the Department; and

“(3) the development of improved models and systems for the furnishing of mental health services by the Department.

“(b)(1) The Secretary shall establish and operate centers for mental illness research, education, and clinical activities. Such centers shall be established and operated by collaborating Department facilities as provided in subsection (c)(1). Each such center shall function as a center for—

“(A) research on mental health services;

“(B) the use by the Department of specific models for furnishing services to treat serious mental illness;

“(C) education and training of health-care professionals of the Department; and

“(D) the development and implementation of innovative clinical activities and systems of care with respect to the delivery of such services by the Department.

“(2) The Secretary shall, upon the recommendation of the Under Secretary for Health, designate the centers under this section. In making such designations, the Secretary shall ensure that the centers designated are located in various geographic regions of the United States. The Secretary may designate a center under this section only if—

“(A) the proposal submitted for the designation of the center meets the requirements of subsection (c);

“(B) the Secretary makes the finding described in subsection (d); and

“(C) the peer review panel established under subsection (e) makes the determination specified in subsection (e)(3) with respect to that proposal.

“(3) Not more than five centers may be designated under this section.

“(4) The authority of the Secretary to establish and operate centers under this section is subject to the appropriation of funds for that purpose.

“(c) A proposal submitted for the designation of a center under this section shall—

“(1) provide for close collaboration in the establishment and operation of the center, and for the provision of care and the conduct of research and education at the center, by a Department facility or facilities in the same geographic area which have a mission centered on care of the mentally ill and a Department facility in that area which has a mission of providing tertiary medical care;

“(2) provide that no less than 50 percent of the funds appropriated for the center for support of clinical care, research, and education will be provided to the collaborating facility or facilities that have a mission centered on care of the mentally ill; and

“(3) provide for a governance arrangement between the collaborating Department facilities which ensures that the center will be established and operated in a manner aimed at

improving the quality of mental health care at the collaborating facility or facilities which have a mission centered on care of the mentally ill.

"(d) The finding referred to in subsection (b)(2)(B) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendation of the Under Secretary for Health, that the facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

"(1) An arrangement with an accredited medical school that provides education and training in psychiatry and with which one or more of the participating Department facilities is affiliated under which medical residents receive education and training in psychiatry through regular rotation through the participating Department facilities so as to provide such residents with training in the diagnosis and treatment of mental illness.

"(2) An arrangement with an accredited graduate school of psychology under which students receive education and training in clinical, counseling, or professional psychology through regular rotation through the participating Department facilities so as to provide such students with training in the diagnosis and treatment of mental illness.

"(3) An arrangement under which nursing, social work, or allied health personnel receive training and education in mental health care through regular rotation through the participating Department facilities.

"(4) The ability to attract scientists who have demonstrated achievement in research—

"(A) into the evaluation of innovative approaches to the design of mental health services; or

"(B) into the causes, prevention, and treatment of mental illness.

"(5) The capability to evaluate effectively the activities of the center, including activities relating to the evaluation of specific efforts to improve the quality and effectiveness of mental health services provided by the Department at or through individual facilities.

"(e)(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the official within the central office of the Veterans Health Administration responsible for mental health and behavioral sciences matters shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section.

"(2) The panel shall consist of experts in the fields of mental health research, education and training, and clinical care. Members of the panel shall serve as consultants to the Department.

"(3) The panel shall review each proposal submitted to the panel by the official referred to in paragraph (1) and shall submit to that official its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

"(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

"(f) Clinical and scientific investigation activities at each center established under this section—

"(1) may compete for the award of funding from amounts appropriated for the Department of Veterans Affairs medical and prosthetics research account; and

"(2) shall receive priority in the award of funding from such account insofar as funds are awarded to projects and activities relating to mental illness.

"(g) The Under Secretary for Health shall ensure that at least three centers designated under this section emphasize research into means of improving the quality of care for veterans suffering from mental illness through the development of community-based alternatives to institutional treatment for such illness.

"(h) The Under Secretary for Health shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section that may be useful for other activities of the Veterans Health Administration is disseminated throughout the Veterans Health Administration. Such dissemination shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

"(i) The official within the central office of the Veterans Health Administration responsible for mental health and behavioral sciences matters shall be responsible for supervising the operation of the centers established pursuant to this section and shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

"(j)(1) There are authorized to be appropriated to the Department of Veterans Affairs for the basic support of the research and education and training activities of centers established pursuant to this section amounts as follows:

"(A) \$3,125,000 for fiscal year 1998.

"(B) \$6,250,000 for each of fiscal years 1999 through 2001.

"(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical care account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section."

(2) The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7319, as added by section 2(b), the following new item:

"7320. Centers for mental illness research, education, and clinical activities."

(b) ANNUAL REPORTS.—Not later than February 1 of each of 1998, 1999, and 2000, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the status and activities during the previous fiscal year of the centers for mental illness, research, education, and clinical activities established pursuant to section 7320 of title 38, United States Code (as added by subsection (a)). Each such report shall include the following:

(1) A description of the activities carried out at each center and the funding provided for such activities.

(2) A description of the advances made at each of the participating facilities of the center in research, education and training, and clinical activities relating to mental illness in veterans.

(3) A description of the actions taken by the Under Secretary for Health pursuant to

subsection (h) of that section (as so added) to disseminate information derived from such activities throughout the Veterans Health Administration.

(4) The Secretary's evaluations of the effectiveness of the centers in fulfilling the purposes of the centers.

(c) IMPLEMENTATION.—The Secretary of Veterans Affairs shall designate at least one center under section 7320 of title 38, United States Code, not later than January 1, 1998.

SEC. 4. DISBURSEMENT AGREEMENTS RELATING TO MEDICAL RESIDENTS AND INTERNS.

Section 7406(c) of title 38, United States Code, is amended—

(1) by striking out "Department hospital" each place it appears and inserting in lieu thereof "Department facility furnishing hospital care or medical services";

(2) by striking out "participating hospital" in paragraph (4)(C) and inserting in lieu thereof "participating facility"; and

(3) by striking out "hospital" both places it appears in paragraph (5) and inserting in lieu thereof "facility".

SEC. 5. AUTHORITY TO SUSPEND SPECIAL PAY AGREEMENTS FOR PHYSICIANS AND DENTISTS WHO ENTER RESIDENCY TRAINING PROGRAMS.

Section 7432(b)(2) of title 38, United States Code, is amended—

(1) by inserting "(A)" after "(2)"; and

(2) by adding at the end the following:

"(B) The Secretary may suspend a special pay agreement entered into under this section in the case of a physician or dentist who, having entered into the special pay agreement, enters a residency training program. Any such suspension shall terminate when the physician or dentist completes, withdraws from, or is no longer a participant in the program. During the period of such a suspension, the physician or dentist is not subject to the provisions of paragraph (1)."

SEC. 6. REPORTING REQUIREMENTS.

(a) EXTENSION OF ANNUAL REPORT REQUIREMENT.—Section 107(a) of the Veterans Health Care Act of 1992 (Public Law 102-585; 38 U.S.C. 1710 note) is amended by striking out "Not later than January 1, 1993, January 1, 1994, and January 1, 1995" and inserting in lieu thereof "Not later than January 1 of 1993 and each year thereafter through 1998".

(b) REPORT ON HEALTH CARE AND RESEARCH.—Section 107(b) of such Act is amended—

(1) in paragraph (2)(A), by inserting "(including information on the number of inpatient stays and the number of outpatient visits through which such services were provided)" after "facility"; and

(2) by adding at the end the following new paragraph:

"(5) A description of the actions taken by the Secretary to foster and encourage the expansion of such research."

SEC. 7. ASSESSMENT OF USE BY WOMEN VETERANS OF DEPARTMENT HEALTH SERVICES.

(a) REPORTS TO UNDER SECRETARY FOR HEALTH.—The Center for Women Veterans of the Department of Veterans Affairs (established under section 509 of Public Law 103-446), in consultation with the Advisory Committee on Women Veterans, shall assess the use by women veterans of health services through the Department of Veterans Affairs, including counseling for sexual trauma and mental health services. The Center shall submit to the Under Secretary for Health of the Department of Veterans Affairs a report not later than April 1, 1997, and April 1 of each of the two following years, on—

(1) the extent to which women veterans described in section 1710(a)(1) of title 38, United States Code, fail to seek, or face barriers in seeking, health services through the Department, and the reasons therefor; and

(2) recommendations, if indicated, for encouraging greater use of such services, including (if appropriate) public service announcements and other outreach efforts.

(b) **REPORTS TO CONGRESSIONAL COMMITTEES.**—Not later than July 1, 1997, and July 1 of each of the two following years, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing—

(1) the most recent report of the Center for Women Veterans under subsection (a);

(2) the views of the Under Secretary for Health on such report's findings and recommendations; and

(3) a description of the steps being taken by the Secretary to remedy any problems described in the report.

SEC. 8. MAMMOGRAPHY QUALITY STANDARDS.

(a) **IN GENERAL.**—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding after section 7320, as added by section 3(a), the following new section:

"§ 7321. Mammography quality standards

"(a) A mammogram may not be performed at a Department facility unless that facility is accredited for that purpose by a private nonprofit organization designated by the Secretary. An organization designated by the Secretary under this subsection shall meet the standards for accrediting bodies established under section 354(e) of the Public Health Service Act (42 U.S.C. 263b(e)).

"(b) The Secretary, in consultation with the Secretary of Health and Human Services, shall prescribe quality assurance and quality control standards relating to the performance and interpretation of mammograms and use of mammogram equipment and facilities of the Department of Veterans Affairs consistent with the requirements of section 354(f)(1) of the Public Health Service Act. Such standards shall be no less stringent than the standards prescribed by the Secretary of Health and Human Services under section 354(f) of the Public Health Service Act.

"(c)(1) The Secretary, to ensure compliance with the standards prescribed under subsection (b), shall provide for an annual inspection of the equipment and facilities used by and in Department health care facilities for the performance of mammograms. Such inspections shall be carried out in a manner consistent with the inspection of certified facilities by the Secretary of Health and Human Services under section 354(g) of the Public Health Service Act.

"(2) The Secretary may not provide for an inspection under paragraph (1) to be performed by a State agency.

"(d) The Secretary shall ensure that mammograms performed for the Department under contract with any non-Department facility or provider conform to the quality standards prescribed by the Secretary of Health and Human Services under section 354 of the Public Health Service Act.

"(e) For the purposes of this section, the term 'mammogram' has the meaning given such term in paragraph (5) of section 354(a) of the Public Health Service Act (42 U.S.C. 263b(a))."

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7320, as added by section 3(b), the following new item:

"7321. Mammography quality standards."

(b) **DEADLINE FOR PRESCRIBING STANDARDS.**—The Secretary of Veterans Affairs shall prescribe standards under subsection (b) of section 7321 of title 38, United States Code, as added by subsection (a), not later than the end of the 120-day period beginning on the date of the enactment of this Act.

(c) **IMPLEMENTATION REPORT.**—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's implementation of section 7321 of title 38, United States Code, as added by subsection (a). The report shall be submitted not later than 120 days after the later of (1) the date on which the Secretary prescribes the quality standards required under subsection (b) of that section, or (2) the date of the enactment of this Act.

SEC. 9. PATIENT PRIVACY FOR WOMEN PATIENTS.

(a) **IDENTIFICATION OF DEFICIENCIES.**—The Secretary of Veterans Affairs shall conduct a survey of each medical center under the jurisdiction of the Secretary to identify deficiencies relating to patient privacy afforded to women patients in the clinical areas at each such center which may interfere with appropriate treatment of such patients.

(b) **CORRECTION OF DEFICIENCIES.**—The Secretary shall ensure that plans and, where appropriate, interim steps, to correct the deficiencies identified in the survey conducted under subsection (a) are developed and are incorporated into the Department's construction planning processes and given a high priority.

(c) **REPORTS TO CONGRESS.**—The Secretary shall compile an annual inventory, by medical center, of deficiencies identified under subsection (a) and of plans and, where appropriate, interim steps, to correct such deficiencies. The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives, not later than October 1, 1997, and not later than October 1 each year thereafter through 1999 a report on such deficiencies. The Secretary shall include in such report the inventory compiled by the Secretary, the proposed corrective plans, and the status of such plans.

SEC. 10. MODIFICATION OF RESTRICTIONS ON REAL PROPERTY, MILWAUKEE COUNTY, WISCONSIN.

(a) **MODIFICATION OF REVERSIONARY INTEREST.**—The Secretary of Veterans Affairs is authorized to execute such instruments as may be necessary to modify the conditions under which the land described in subsection (b) will revert to the United States so as—

(1) to permit Milwaukee County, Wisconsin, to grant all or part of such land to another party with a condition on such grant that the grantee use such land only for civic and recreational purposes; and

(2) to provide that the conditions under which title to all or any part of such land reverts to the United States are stated so that any such reversion would occur at the option of the United States.

(b) **DESCRIPTION OF LAND.**—The land covered by this section is the tract of 28 acres of land, more or less, conveyed to Milwaukee County, Wisconsin, pursuant to the Act entitled "An Act authorizing the Administrator of Veterans' Affairs to convey certain property to Milwaukee County, Wisconsin", approved August 27, 1954 (68 Stat. 866).

(c) **GENERAL AUTHORITIES.**—The Secretary may carry out this section subject to such terms and conditions (including reservations of rights for the United States) as the Secretary considers necessary to protect the interests of the United States. In carrying out this section, the Secretary may eliminate any existing covenant or restriction with respect to the tract of land described in subsection (b) which the Secretary determines to be no longer necessary to protect the interests of the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona [Mr. STUMP] and the gentleman from Mississippi [Mr. MONTGOMERY] will each control 20 minutes.

The Chair recognizes the gentleman from Arizona, [Mr. STUMP].

(Mr. STUMP asked and was given permission to revise and extend his remarks.)

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 3643, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. STUMP. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 3643 extends for 2 years expiring authorities for the VA to provide priority health care to Persian Gulf veterans and veterans exposed to agent orange.

This bill makes VA's authority to provide priority care to veterans exposed to ionizing radiation permanent.

It also contains additional provisions which will be explained by the subcommittee chairman momentarily, and I urge my colleagues to support this bill.

I want to thank my good friend, SONNY MONTGOMERY, the ranking minority members of the full committee for his work on this measure. Before yielding to him, I also want to thank TIM HUTCHINSON, chairman of the Subcommittee on Hospitals and Health Care, and CHET EDWARDS, the ranking minority member on the subcommittee.

Additionally, Mr. Speaker, CORRINE BROWN and JACK QUINN, both members of the VA Committee, should be commended for their contributions to the bill.

I also want to recognize LANE EVANS for bringing provisions to the VA Committee's attention which are needed to modify the title restrictions in a 1954 VA land conveyance to the county of Milwaukee.

Mr. Speaker, I yield such time as he may consume to the gentleman from Arkansas [Mr. HUTCHINSON].

Mr. HUTCHINSON. Mr. Speaker, I rise in strong support of H.R. 3643, legislation to extend through December 31, 1998, the period which the Secretary of Veterans Affairs is authorized to provide priority health care to certain veterans who were exposed to agent orange or who served in the Persian Gulf war and to make such authority permanent in the case of certain veterans exposed to ionizing radiation.

The Committee on Veterans' Affairs has demonstrated a long history of bipartisan support for those veterans who may have been exposed to chemical or environmental hazards during their service in the Southeast and Southwest Asian theaters of war. Specifically, the bill extends priority health care to agent orange and Persian Gulf veterans to December 31, 1998.

With regard to agent orange, this bill incorporates those provisions accepted by the full committee in the last session and were dropped out during conference with the Senate. As you may

remember, the provisions recognize the categorical list of diseases and their respective association with agent orange exposure to provide priority health care for veterans suffering from diseases in the first three of the five categories. The provisions neither alter nor have any bearing on the recent decision of the Secretary to presumptively service-connected veterans with prostate cancer and peripheral neuropathy.

The bill also makes permanent priority health care for radiation-exposed veterans and creates a VA committee on the care of severely chronically mentally ill veterans and centers for mental illness research, education, and clinical activities. This provision, originally introduced by subcommittee Ranking Member CHET EDWARDS, would require that committee members be VA employees with expertise in the care of the chronically mentally ill and that it submit annual reports to the House and Senate Veterans' Affairs Committees on ways of improving care to this priority treatment group. Over 40 percent of VA's patients are treated for mental health problems.

The bill would also require the VA to establish centers of excellence in mental illness research and clinical activities with the acronym MIRECC. The purpose of the MIRECC's would be to facilitate the improvement of health care services for veterans suffering from mental illness, especially from conditions which are service-related, and to develop improved models for the furnishing of clinical services. MIRECC's would be modeled after the successful Geriatric Research, Education, and Clinical Centers [GRECC's].

Under the provisions of this bill, the VA is authorized to appropriate the amount of \$3,125 million for fiscal year 1998 and \$6.25 million for the fiscal years 1999–2001.

The bill also makes technical changes to title 38 to facilitate the training of physicians and dentists in any VA facility and suspends special pay agreements for physicians and dentists who enter residency training programs.

Two amendments which encompass the committee's bipartisan concern for veterans were added to the bill during the Subcommittee on Hospitals and Health care markup.

The first amendment, offered by my friend and colleague JACK QUINN, provides that those veterans who served in Turkey and Israel during the time period of August 2, 1990, to July 31, 1991, be included in the definition of Persian Gulf veterans for the purpose of priority health care. The Department of Defense has estimated that approximately 8,145 veterans served in Israel and Turkey during the 11-month period. Under the current definition of the gulf war theater, these veterans are excluded and therefore not eligible for priority health care as provided under this bill.

JACK has also been a leader in the fight for mammography screening at VA

facilities, and has introduced legislation which has been incorporated into the second amendment, offered by Congresswoman CORINNE BROWN, which would reinstate reporting requirements through 1998 on the number of women who receive VA health care services; requires VA to assess barriers that may prevent women veterans from receiving proper health care; and identifies patient privacy deficiencies and makes recommendations on the correction of existing deficiencies. It also requires VA to adopt the same mammography standards used by the private sector and HHS. Finally, it directs that the mental health needs of women veterans who are chronically mentally ill be addressed by the Committee on the Care of Severely Chronically Mentally Ill Veterans.

The hard work of Mr. QUINN and Ms. BROWN is invaluable and I appreciate all they did to strengthen this bill.

I would also like to recognize the bipartisan efforts of LANE EVANS and GERALD KLECZKA, who have worked hard to ensure that language which would transfer VA land to the State of Wisconsin to facilitate the building of a new Milwaukee Brewers stadium is included in the bill.

Finally, I would like to extend my heartfelt thanks to Committee Chairman BOB STUMP, Ranking Member SONNY MONTGOMERY, and subcommittee Ranking Member CHET EDWARDS for all the hard work they have done in ensuring that this bill is brought to the floor today.

Mr. MONTGOMERY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to point out that the gentleman from New York [Mr. GILMAN] is not a member of our committee but he always comes over when we have bills on the floor about veterans and makes some comments. The gentleman from Arizona [Mr. STUMP] and I are very appreciative that he takes that time and interest.

This bill is the result of the excellent work done by our Subcommittee on Hospitals and Health Care. At one time, the Honorable John Paul Hammerschmidt and I served as ranking member and chairman of this subcommittee. Today, Representative TIM HUTCHINSON, who serves in the seat which Mr. Hammerschmidt used to hold, is the chairman of the subcommittee, and CHET EDWARDS of Texas whose district includes the Olin E. Teague VA hospital, is the ranking member.

The subcommittee oversees 173 medical centers, all of which provide outpatient care and inpatient care. At 131 of these medical centers, the Veterans Health Administration also operates a nursing home care unit. In addition to these facilities, there are 391 independent, satellite, community based, rural outreach or mobile clinics operated by VHA, and this number should grow in future years as VHA tries to make VA care more convenient for veterans.

For my colleagues who may not know how important the VA health care system is to veterans, let me recite a few numbers from the most recent national survey of veterans.

The VA treated 64 percent of the most seriously disabled service-connected veterans who needed hospital care.

Almost half of the veterans with no health insurance, and 44 percent of veterans with incomes below \$10,000, were treated by VA if they needed hospital care.

There are very significant changes taking place inside the veterans medical system. The Under Secretary for Health, Dr. Kenneth Kizer, is really shaking up the way things are done. He's trying to make sure the veterans are satisfied with the health care that VA provides them. Even at a time when the VA medical budget is under some pressure, Dr. Kizer assures us that he can serve the same number of veterans with fewer employees.

The chairman of the committee, my good friend BOB STUMP, has been very supportive of the needs of veterans, and I wish to commend him for his leadership of the committee. He has continued to work with me and other members on both sides of the aisle to report legislation which will improve the services provided to veterans.

This bill, H.R. 3643, as amended, is an example of the bipartisan work of our committee. It includes provisions to extend the authority to provide health care to Vietnam veterans and Persian Gulf veterans, and includes an expansion of that authority suggested by Mr. QUINN for service members who served in Israel or Turkey during the Persian Gulf war. The bill also includes several provisions authored by my colleague from Florida, Ms. CORINNE BROWN, dealing with the special health care needs of women veterans.

Mr. Speaker, this bill also includes a provision which would resolve a technical problem clouding the future use of a 28-acre parcel of land conveyed by the VA to Milwaukee County, WI, as authorized by statute in 1954, for recreational and other purposes. The terms of that conveyance provided that if the county were to attempt to transfer title to a third party, title would automatically revert back to the VA. Unlike two other adjacent parcels of land previously transferred from VA to the county, the deed of conveyance made no provision for reversion "at the option of the United States".

A major league baseball stadium was constructed on the site made up of these three parcels of land. In October 1995, the State legislature of Wisconsin authorized financing and construction of a new stadium to replace the existing stadium on the site. That legislation requires Milwaukee County to convey all three tracts of land to the State.

That proposed conveyance raised a question of law as to whether, under such a transfer, the three tracts would

revert back to the United States under the terms of the earlier conveyances. As described by the Department of Veterans Affairs' General Counsel, a "reversionary interest is a property right that runs with the land* * *" and the Secretary lacks the authority to waive or otherwise extinguish the right of reversion. With respect to the parcels VA conveyed in 1949, however, the deed of conveyance provides for reversion, in the event of alienation of any part of the tract, at the option of the United States. The General Counsel concluded, in a February 2, 1996, memorandum opinion, that "the Secretary of the VA has authority to exercise the option of the right of reversion on behalf of the United States, and the concomitant discretion to decline the option." The General Counsel further concluded, however, with respect to the property conveyed in 1954, that the law gives VA no discretion and a reversion would be automatic.

The Department of Veterans Affairs has advised, with respect to its authority to weigh the option of reversion regarding the two parcels, that it will not exercise the option in favor of reversion back to the United States so long as the existing statutory restrictions on use are followed. The Department has further advised that in the event that legislation is introduced to modify the deed restrictions, the VA would not object to releasing the properties from the restriction against alienation.

While recent press reports indicate success in developing other elements of a financing plan for the proposed new stadium, legislation is clearly needed to enable the county to transfer the 28-acre tract, which would otherwise revert to the United States, to the State of Wisconsin.

Section 10 of the amended bill would authorize the Secretary of Veterans Affairs to execute such instruments as may be needed to modify the conditions under which VA conveyed the 28-acre tract to Milwaukee County in 1954. Such authorization would permit the county to grant all or part of the land to another party, subject to the condition that the land be used only for civic and recreational purposes, and to provide that any reversion to the United States would occur at the option of the United States. The measure would also provide that the Secretary may carry out this provision subject to such terms and conditions as the Secretary considers necessary to protect the interests of the United States.

Also included, are provisions suggested by the ranking member, Mr. EDWARDS, which would improve the VA's treatment of mentally ill veterans.

Mr. Speaker, veterans with mental illness are five times more likely to use VA for health care services than the rest of the veteran population. This bill calls for VA to establish a committee of experts to assess its mental health programs and make recommendations for improvement. It

also authorizes the establishment of up to five centers of excellence that would provide mental health research, education and clinical care.

□ 1330

Mr. Speaker, I yield 2 minutes to the gentleman from Illinois [Mr. EVANS].

Mr. EVANS. Mr. Speaker, the extension of priority care for veterans who were exposed to agent orange reflects the compromise reached in the Veterans' Affairs Committee last year on this issue. I must admit that I was not completely satisfied with the legislation and I still have reservations. Specifically, I still believe that we should be covering all of the categories in the Agent Orange Act of 1991.

However, I still believe, as I did last year, that this is a solid compromise which will ensure that the health care needs of deserving Vietnam veterans will be met. The recent release of the Institute of Medicine's report on agent orange only reaffirms that we must continue to honor the health care needs of our Vietnam veterans.

I would again like to thank Chairman STUMP, Mr. EDWARDS, Mr. HUTCHINSON, and Mr. MONTGOMERY for their efforts last year to work out legislation which I feel protects the rights of veterans. The rest of legislation, which also provides for our Persian Gulf war and atomic veterans, is right on target and should be supported by all of my colleagues.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentleman from New York [Mr. GILMAN], the chairman of the Committee on International Relations.

(Mr. GILMAN asked and was given permission to revise and extend his remarks.)

Mr. GILMAN. Mr. Speaker, I am pleased today to rise in support of H.R. 3643, extending benefits to veterans who have been exposed to agent orange, and I commend the gentleman from Arizona, the distinguished chairman of our Committee on Veterans' Affairs, and the gentleman from Mississippi, the distinguished ranking minority member, Mr. MONTGOMERY, for bringing this measure to the floor at this time, and I thank the gentleman from Mississippi for his kind remarks.

This legislation provides for the extension of much needed assistance to those veterans who have contracted health problems due to their exposure to radiation in World War II, to exposure to agent orange in Vietnam or to their service in the Persian Gulf.

Mr. Speaker, specifically, this measure extends through December 31, 1998, health care benefits to veterans suffering long-term side effects of exposure to agent orange as well as for those veterans suffering health problems from their service in the Persian Gulf.

Most important, it also recognizes the National Academy of Sciences categorical list of diseases and their respective association to agent orange exposure and provides priority health

care for veterans from diseases in the first three categories.

In doing this, this bill gives the veterans the benefit of the doubt, allowing treatment for any disease conceivably related to wartime herbicide exposure unless scientific evidence clearly shows that no association exists. Additional conditions may be added for coverage at the VA secretary's discretion, if based upon credible evidence of an association.

This legislation also extends through 1997 the VA policy of offering care to veterans suffering from ailments that may have been caused by exposure to ionized radiation during atomic weapons testing after World War II.

Finally, this bill extends the authority of the VA to provide health care on a priority basis for Persian Gulf veterans through December 31, 1998, and extends coverage to those veterans serving in Israel and Turkey during the conflict.

Mr. Speaker, this legislation addresses many longstanding critical issues in veterans' health care and is a fitting response to the service provided by these dedicated veterans on behalf of their country.

Mr. MONTGOMERY. Mr. Speaker, I yield 2 minutes to the gentleman from Wisconsin [Mr. KLECZKA].

Mr. KLECZKA. Mr. Speaker, let me thank the gentleman from Mississippi [Mr. MONTGOMERY] for yielding time to me.

Let me echo the remarks of my friend, the gentleman from New York [Mr. GILMAN], in support of H.R. 3643. Not only does the bill provide priority health care for those veterans who were exposed to a agent orange, but also broadens the definition for the veterans who served in the Persian Gulf.

I think a more important portion of the bill requires the Veterans' Administration to promulgate mammography quality standards for our service men and women.

The last portion of the bill, which I asked be inserted, and I want to thank the gentleman from Arizona [Mr. STUMP] and the minority leaders, the gentleman from Mississippi [Mr. MONTGOMERY] and the gentleman from Illinois [Mr. EVANS], my friends, for helping me out on this; the situation is that in Milwaukee County the current baseball stadium lies on three parcels of land owned by the Veterans' Administration. Two of the parcels were transferred way back in 1948, and the third was transferred in 1954.

Now there is a new stadium being contemplated, the financing is almost put together on the new ball park, and we found that two of the parcels already have been transferred by the Secretary's authority. The third needed congressional legislation.

The provision in the bill today provides that since the use is going to be the same, for a public purpose, that the Veterans' Administration Secretary, at his authority or on his authority, can

transfer the land. I want to thank the chairman for helping us out on this situation.

Mr. STEARNS. Mr. Speaker, the legislation we consider today, H.R. 3643, is a credit to the Veterans Committee. I want to compliment both Chairman BOB STUMP and ranking minority member Representative SONNY MONTGOMERY for the bipartisan spirit they have shown in getting this bill to the House floor. This bill extends priority health care for veterans exposed to agent orange and those who served in the Persian Gulf war through December 31, 1998.

Mr. Speaker, my commitment to providing priority health care to the Vietnam veterans who were exposed to agent orange and to those who served in gulf war is longstanding. As you know, I have long supported efforts to find a link between exposure to agent orange and the plethora of illnesses which have occurred in Vietnam veterans.

With respect to what has been known as the gulf war syndrome, I took a deep interest in requesting that we aggressively seek answers to the many unexplained illnesses experienced by gulf war veterans. One of first casualties of this mysterious group of disease was a constituent of mine, Michael C. Adcock of Ocala, FL, who died at the age of 22 after serving in Operation Desert Storm.

After returning home from the gulf war, Michael suffered from a number of symptoms which had befallen many other gulf war veterans, including persistent nausea, skin rashes, aching joints, hair loss, bleeding gums, blurred vision, and lack of energy, among others.

Michael died in 1993, 3 years after coming home from the Desert Storm operation. We are still looking for answers to the causes of this mysterious syndrome which appears to be indigenous to those who served in the gulf war.

I think we all know how terribly urgent it is that we continue with our research efforts until we find the answer to the cause for this syndrome which is so ubiquitous to veterans of Desert Storm.

In light of the controversy surrounding unexplained illnesses Desert Storm veterans are experiencing, the VA, DOD, NIH, and HHS have been conducting extensive research into possible causes of the unexplained illnesses associated with this military campaign.

On March 19, 1995, Dr. Kizer testified that the VA would be initiating a national survey of Persian Gulf veterans and that this study that would involve selecting a random sample of 15,000 Persian Gulf veterans and 15,000 contemporaneous non-Persian Gulf era veterans. The survey would include a mail-in health questionnaire as well as physical examinations for a subgroup of those veterans included in a broader survey. Hopefully, the data collected will shed further light and provide us with additional clues surrounding the various illnesses being experienced by the men and women who served in Desert Storm.

I believe the results of the VA mortality followup study comparing Persian Gulf veterans with a control group of Persian-Gulf-era veterans could produce some answers to several troubling questions.

I am optimistic that through such efforts we might find the missing link that will explain this rash of perplexing illnesses which seem to be indigenous to these particular veterans. We all know how invaluable the research being con-

ducted is and the need to find answers as to what is causing thousands of gulf war veterans to be plagued by a rash of unexplained symptoms.

I hope that the DOD and the VA will continue to both aggressively treat symptoms associated with Desert Storm syndrome and investigate its cause or causes.

My reason for sounding skeptical is that the medical follow up agency of medicine [IOM] made an independent study of the collective efforts to date. The IOM was rather harsh in its evaluation of the piecemeal study and the duplication of efforts between DOD, VA, and HHS. The IOM made several suggestions regarding the data and databases, the coordination process, and the consideration of study design needs. Hopefully, implementation of these suggestions will prove beneficial.

I also noted that the IOM concluded that it could not find any reliable intelligence of medical or biological justification for allegations that U.S. troops were exposed to chemical warfare agencies. Unfortunately, this seems to be at odds with statements from our troops both then and now.

On March 14, 1996, "Veterans and Agent Orange: Update 1996" found sufficient evidence between herbicide exposure and soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, chloracne, and porphyria cutanea tarda. The primary focus in these updated studies was whether or not there is a connection between birth defects of children of those servicemen who were sprayed with herbicides while serving in Vietnam. Previous studies conducted by the National Academy of Sciences for the Department of Veterans Affairs at the direction of Congress found a link between agent orange and that at certain levels it caused a plethora of cancers and other health hazards.

It is my hope that further studies may be conducted so that we have a final pronouncement as to whether or not agent orange is culpable for causing such deformities in children born to Vietnam veterans. This bill would also establish five centers of excellence for mental illness, research, education and clinical activities [MIRECC]. I have long advocated that we provide our veterans with access to mental health services and care. In fact, I proposed a 120-bed psychiatric unit be a component of the ambulatory care addition in Gainesville. While I am gratified by the fact the VA in Gainesville just received a \$19.8 million grant for this ambulatory care center, I suggest here today that one of these proposed centers, be housing in the VA in Gainesville, FL.

Another important component of this bill is that it requires VA to promulgate mammography quality standards, and it also directs the VA to report to Congress and efforts being made by the Department to ensure privacy and safety for women veterans who require hospitalization for psychiatric reasons.

Mr. Speaker, I strongly support this important legislation and urge my colleagues to give it their full support and pass this bill today.

Mrs. SMITH of Washington. Mr. Speaker, I rise today in strong support of H.R. 3643. This legislation will provide priority health care for Persian Gulf veterans suffering from the gulf war syndrome. In addition, this bill ensures our commitment to these veterans by providing funding to establish five centers for mental illness research, education and clinical activities, and improve VA health care services for women veterans.

Mr. Speaker, I recently had the opportunity to read some disturbing testimony from the Department of Defense at the House Government Reform and Oversight Committee hearing on the gulf war syndrome. The Pentagon admitted that when an Army unit blew up an Iraqi ammunition depot, soldiers might have been exposed to nerve gas. This announcement may help explain some of the mysterious illnesses reported by Americans who served in the gulf.

I will continue to do all that I can to ensure that VA resources are focused and coordinated to yield answers for Persian Gulf veterans. I will not tolerate the Federal Government dragging its feet for the fear of the financial consequences as it did with agent orange. This bill sends a message that we will not abandon our soldiers when they get in harm's way. Mr. Speaker, I urge my colleagues to support this important legislation.

Mr. EDWARDS. Mr. Speaker, H.R. 3643, as amended, is an omnibus health care bill which tackles a broad spectrum of issues affecting special veteran populations—women, veterans exposed to toxic and hazardous substances, and veterans suffering with chronic mental illness.

Mr. Speaker, I'm very pleased that this bill includes two provisions I introduced last year. One calls for VA to establish a committee of experts to assess its mental health programs and make recommendations for improvements. The other authorizes appropriations for VA to establish up to five centers of excellence that would provide mental health research, education, and clinical care.

Mr. Speaker, I think it's important to appreciate that more than 50 percent of all eligible veterans who suffer from severe mental illness rely on VA for care; that's more than five times the proportion of veterans in the general population who use VA for any health care. The Department reports that 64 percent of those veterans are service-connected for a psychiatric condition. I believe these data underscore the importance of VA mental health programs, and the need for this legislation.

I urge Members to support H.R. 3643.

Mr. MONTGOMERY. Mr. Speaker, I have no more requests for time and I yield back the balance of my time.

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I, too, yield back the balance of my time.

The SPEAKER pro tempore (Mr. GUTKNECHT). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 3643, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended, and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

VETERANS' COMPENSATION AND READJUSTMENT BENEFITS AMENDMENTS OF 1996

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3673) to amend title 38, United States Code, to revise and improve certain veterans programs and benefits, to authorize the American Battle Monuments Commission to enter into arrangements for the repair and long-term